

## ILLINOIS STATE POLICE

TODAY'S DATE 30 Oct 2013

ISP CASE#

DIVISION OF FORENSIC SERVICES\*FORENSIC SCIENCES COMMAND\*FSC-C  
EVIDENCE SUBMISSION FORM FOR CHICAGO POLICE DEPARTMENT

PAGE 1 OF 2

RD#: CR 1051475		OFFENSE: Forgery DATE OF OFFENSE: 10/02/09	SUBMITTING/CONTACT DET.: Detective Shawn Kennedy #21270
#1 Victim	Name [REDACTED]	IR/SID/FBI #'S: IR # [REDACTED]	DET'S WORK HOURS: Monday-Friday 0900-1700 hours
#2 Suspect	Sgt. Jose L. Lopez	No Record	PAGER/CELL PHONE NUMBER: 312-351-0441
#3 Suspect	PO Darryl Hardy	No Record	BELL & PAX NUMBER: Bell 312-746-4170 Pax 4057
#4 Suspect	PO Pablo Mariano	No Record	AREA/UNIT: Bureau of Internal Affairs/121
#5 Suspect	Det. Anthony M. Amato	No Record	EVIDENCE COORDINATOR (EC): [Signature]
#6 Suspect	PO Victor Rivera	No Record	EC REVIEW DATE: 31 Oct 2013

## INSTRUCTIONS:

\*PLEASE LIST ALL INVENTORIES ASSOCIATED WITH THE ABOVE RD# SEPARATELY\*\*

\*\*ATTACH ORIGINAL CASE REPORT\*\*

\*\*SUBMIT FORM TO AREA EVIDENCE COORDINATOR FOR REVIEW\*\*

INVENTORY	ITEM DESCRIPTION	SPECIFIC REQUEST FOR ANALYSIS <i>Indicate to Which Section(s) Each Item Should Go</i>	PRIORITY *EC-ONLY*	BOX TYPE *FSS-ONLY*
[REDACTED]	20 Original Consent to Search Forms (Sgt. Jose Lopez)	D	1	
[REDACTED]	Handwriting Samples (Sgt. Jose Lopez)	6-(21-35) D	1	FBox
[REDACTED]	20 Original Consent to Search Forms (PO Darryl Hardy)	D	1	
[REDACTED]	Handwriting Samples (PO Darryl Hardy)	D	1	
[REDACTED]	20 Original Consent to Search Forms (PO Pablo Mariano)	D	1	
[REDACTED]	Handwriting Samples (PO Pablo Mariano)	D	1	
[REDACTED]	20 Original Consent to Search Forms (Det. Anthony Amato)	D	1	
[REDACTED]	Handwriting Samples (Det. Anthony Amato)	D	1	
[REDACTED]	20 Original Consent to Search Forms (PO Victor Rivera)	D	1	

PLEASE INCLUDE PERTINENT CASE INFO AND LIST ANY ASSOCIATED RD#S IN WHICH COMPARISONS ARE NEEDED:

The inventories listed on this page and the attached page are the handwriting samples requested by the Illinois State Police (Lyndel Morris) for handwriting analysis by the Springfield Forensic Science Laboratory. History: The suspect [REDACTED] who is listed in the original case under RD number [REDACTED] was shown not to be associated with the signature in question, from the original Consent to Search form (which is still in the possession of ISP). This was the finding of an independent expert, as well as the ISP under lab case number [REDACTED] through a Grand Jury subpoena, writing samples have been obtained from the five involved sworn CPD members for examination and comparison.

\*IF MORE SPACE IS NEEDED PLEASE USE AND ATTACH AN ADDITIONAL FORM

Attachment# 76

ISP 6-634 (06/05)

Page 1 of 20

CR 1051475

CPD 0028004

**DIVISION OF FORENSIC SERVICES\*FORENSIC SCIENCES COMMAND\*FSC-C  
EVIDENCE SUBMISSION FORM FOR CHICAGO POLICE DEPARTMENT**

TODAY'S DATE 30 Oct 2013

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RD#:	CR 1051475	OFFENSE: Forgery DATE OF OFFENSE: 10/02/09	SUBMITTING/CONTACT DET.: Detective Shawn Kennedy #21270
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**\*\*PLEASE LIST ALL ADDITIONAL INVENTORIES ASSOCIATED WITH THE ABOVE RD# SEPARATELY\*\***

[illegible]

CL#

Attachment# 76  
ISP 6-634 Additional Inventory

ISP 6-634 Additional Inventory Page (06/05)

Page 2 of 20

CR 1051475

INV NO

PKG NO.

RE-INVENTORY OF:

UNIT 121

INVENTORY NO.

DATE RECOVERED

17-OCT-2013

CR 1051475

RE-INVENTORY OF:

DESCRIPTION OF PROPERTY

ITEM ID QUANTITY OTHER: PACKAGE CONTAINING HANDWRITING SAMPLES FROM PERSONNEL JACKET OF SGT. JOSE LOPEZ #809

Y 1

1051475

MY SIGNATURE HEREON ACKNOWLEDGES RECEIVING ALL PROPERTY DESCRIBED IN THIS INVENTORY

RECIPIENT'S SIGNATURE

ADDRESS - STREET

CITY STATE ZIP

DATE RECEIVED

OFFICER'S SIGNATURE - STAR - UNIT

WATCH COMMANDER'S APPROVAL SIGNATURE (EXEMPT RANK REQUIRED FOR FIREARMS)

COURT ORDER - DISPOSAL INSTRUCTIONS

\$ DEPOSITED AMT

\$ INVENTORY AMT

EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY

CURRENCY:

Court Date  
Court Branch

ILUCR:

CHARGE TYPE: INCHOATE:

RECOVERED/SEIZED FROM - NAME

AT 3510 S MICHIGAN AVE CHICAGO, IL 60653

BEAT OF RECOVERY 213

OWNER'S NAME

ADDRESS

TELEPHONE NO.

JUDGE

CT. BR.

FOUND BY - NAME KENNEDY, SHAWN Star: 21270

ADDRESS

TELEPHONE NO.

CHECK IF

SEE COPY 4 FOR NOTICE TO FINDER

OFFICER'S SIGNATURE - STAR UNIT

HOLD FOR INVESTIGATION

INVESTIGATING OFFICER - KENNEDY, SHAWN

STAR NO. 21270 UNIT 121

1st OFFICER'S NAME KENNEDY, SHAWN

STAR NO. 21270

PROPERTY AVAILABLE FOR RETURN TO OWNER

SIGNATURE Electronic Approval

UNIT 121

TO BE DISPOSED OF BY CUSTODIAN (NOT TO BE RETURNED) (THIS APPLIES IF PROPERTY IS NOT EVIDENCE, NOT RETURNABLE AND/OR OWNER IS UNKNOWN)

2nd OFFICER'S NAME

STAR NO.

INITIAL DESTINATION OF PROPERTY: FORENSIC SERVICES SECTION

SIGNATURE Electronic Approval

UNIT

VIA POLICE MAIL

X

RECOVERING UNIT PERSONNEL

APPROVING DESK SERGEANT

STAR NO. 926

DATE 31-OCT-2013

TIME 14:13

E & RPS PICKUP

EVID/LAB TECHNICIAN

BLAUL, CHRISTINE

Created by

COPY 1 - KEEP WITH PROPERTY

Printed by

31-OCT-2013 14:13

**Sergeant Jose L. Lopez**

**Star Number: 809**

CL# 1051475

Attachment# 74

Page 4 of 20



City of Chicago  
Employee Change of Address Form

Department Chicago Police Department Bureau Investigative Services

Name Jose Lopez

Position title Police Officer assigned as Detective

Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code [REDACTED]

New Address [REDACTED] Zip Code [REDACTED]

Effective Date Immediately

New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

PERSONNEL SERVICES

SEP 2 8 2006

CHICAGO POLICE DEPARTMENT

Signed [Signature] *KI-214*

Date 20 SEP 2006 1051475

Attachment# 76

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Complete and sign two copies.  
First copy to departmental file.  
Second copy to Department of Personnel.

(see reverse side)

PER -- 72 (Rev. 1/84)

CPD 0028008



City of Chicago  
Employee Change of Address Form

Department CPD Bureau \_\_\_\_\_

Name LOPEZ, JOSE

Position title POLICE OFFICER

Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code [REDACTED]

New Address [REDACTED] Zip Code [REDACTED]

Effective Date 21 OCT 99

New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed [Signature]

Date 25 OCT 99 1051475

Complete and sign two copies.  
First copy to departmental file.  
Second copy to Department of Personnel.

Date 15 SEP 95

02-06-95

**ACKNOWLEDGEMENT OF  
RESPONSIBILITY**

CL# 105125

Attachment# 76

Page 7 of 20

I JOSE LOPEZ do hereby acknowledge receipt of a Chicago Police Department photo identification card. I understand that I am bound by all Department directives regarding the possession, display and use of this card.

Signature

Print Name

SS#



Unit

023

R.23

445

## NOTICE TO EMPLOYEES - ETHICS RULES

All employees of the City of Chicago owe their primary business/employment loyalty to the city and its citizens. In addition to the obligation to perform duties in a satisfactory manner, there are various ethical restrictions and obligations imposed by the City. Violation of these restrictions and obligations may result in discipline, up to and including discharge.

**Gifts/Money.** You may not accept any anonymous gift. You may not accept gifts from persons or organizations whose City business you are in a position to affect, with the exception of occasional non-cash gifts valued at less than \$50. You may not accept anything of value intended to influence official decisions or actions, or in return for advice on City business or operations. Any gifts you accept on behalf of the City must be reported promptly to the Board of Ethics.

**Dual Employment.** You may not use City time or City-owned property in any non-City employment or business. You may not use or reveal confidential information gained from City employment. The Chicago Police Department has the right to restrict secondary employment for good cause.

**Interest in City Business.** You may not take part in or influence any governmental decisions in which you have an economic interest. You may not have a financial interest, in your name or in the name of any other person, in any contract, work or business of the City. Such a financial interest can include being an employee or consultant in any City business undertaken by an immediate family member.

**Property.** You may not engage in or permit the unauthorized use of City-owned property. You may not have a financial interest in the purchase of City property unless it is sold through public, competitive bidding.

**Relatives.** You may not hire or advocate the hiring of relatives for jobs with the City agency where you are employed. You may not supervise or involve yourself with any City contract that benefits a relative.

These obligations and restrictions are set forth in detail in Chapter 2-156 of the Municipal Code, and in the Personnel Rules of the City. This Notice is intended to describe some of the more common situations covered by the ethics rules; it is not a substitute for a review both of Chapter 2-156 and the Personnel Rules. If you have any questions about your ethical obligations, contact the City of Chicago Board of Ethics, 744-9660.

I hereby acknowledge receipt of a copy of the foregoing notice this \_\_\_\_ day of 38, 1996.

Signature: \_\_\_\_\_

Name: P.D. JOSE L. [REDACTED] # 18969

SOLICIT. # [REDACTED]

61-24

\* You must return a signed copy of this Notice to your department head.

1051475

Attachment# 76

Page 8 of 20



SWORN FIRST AMENDMENT JUDGEMENT AFFIDAVIT  
CHICAGO POLICE DEPARTMENT/PERSONNEL DIVISION

TO: COMMANDER OF POLICE PERSONNEL

FROM: NAME: JOSE LOPEZ

TITLE: DETECTIVE

SOCIAL SECURITY NO: [REDACTED]

SUBJECT: RECEIPT OF FIRST AMENDMENT JUDGEMENT

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY  
OF THE UNITED STATES DISTRICT COURT FIRST AMENDMENT  
JUDGEMENT.

SIGNATURE: [Signature]

DATE: 06 MAR 03 11:15 AM

CPD-62.130 (REV. 1/03)

CL# 1051475

Attachment# 76

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CPD 0028012



City of Chicago  
Employee Change of Address Form

Department CPD Bureau \_\_\_\_\_

Name Jose Lopez

Position title Police Officer

Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code [REDACTED]

New Address [REDACTED] Zip Code [REDACTED]

Effective Date 01 May 1999

New Phone Number [REDACTED]

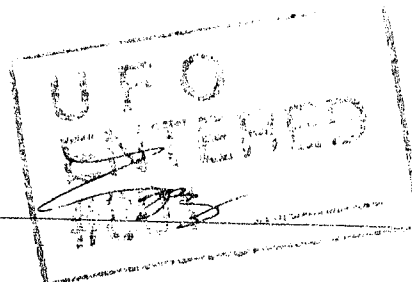
I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed

[Signature]



Date

01 May 1999 10:24:75

CL#

Complete and sign two copies.  
First copy to departmental file.  
Second copy to Department of Personnel.

Attachment# 70

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PER - 72 (Rev. 1/84)

(see reverse side)

CPD 0028013



City of Chicago  
Employee Change of Address Form

Department Chicago Police Dept. Bureau \_\_\_\_\_

Name Lopez, Jose L.

Position title Patrolman

Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code [REDACTED]

New Address [REDACTED] Zip Code [REDACTED]

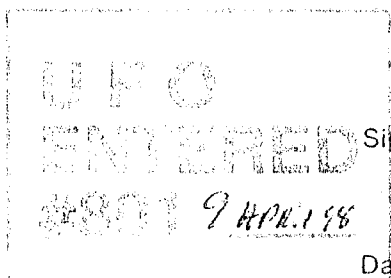
Effective Date 01 April 1998

New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.



Signed

[Signature] K1-27

Date

01 April 1998

Complete and sign two copies.  
First copy to departmental file.  
Second copy to Department of Personnel.

CL# 17  
10251-111 6  
19 APR 1998  
CHICAGO POLICE DEPT  
Page 11 of 20



City of Chicago  
Employee Residency Affidavit

Department Police Bureau Operations

Name LOPEZ, JOSE L.

Position title Probationary Police Officer

Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

My address is: [REDACTED]  
Chicago, Illinois zip code 606 [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed [Signature] K1-28

Date 06 February 1995

Complete and sign two copies.  
First copy to department file.  
Second copy to Department of Personnel.

CL# 1051475

Attachment# 70

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PER - 60 (Rev. 1/84)

CPD 0028015



DEPARTMENT OF POLICE \* CITY OF CHICAGO  
3510 SOUTH MICHIGAN AVENUE \*CHICAGO, ILLINOIS 60653

**SWORN**  
**ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT**

TO: COMMANDER, PERSONNEL DIVISION

FROM: NAME: JOSE LOPEZ  
RANK/TITLE: Sgt.  
PC NUMBER: [REDACTED]  
EMPLOYEE NUMBER: [REDACTED]

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOG-IN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: [Signature] 2/9/07  
DATE: 22 MAR 2007

WITNESS' SIGNATURE: [Signature]  
DATE: 22 MAR 2007 11-29A

CPD-62.111 (Rev. 1/07)

CL# 1051475

Attachment# 76

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SWORN ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT  
CHICAGO POLICE DEPARTMENT / PERSONNEL DIVISION

TO: COMMANDER OF POLICE PERSONNEL

FROM: NAME (Last, First) LOPEZ, JOSE

TITLE: P.O. AS DETECTIVE

EMPLOYEE NUMBER: [REDACTED]

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOGIN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOGIN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOGIN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: [Signature] 20890

DATE: 12 JAN 2007

WITNESS SIGNATURE: [Signature]

DATE: 12 JAN 07 KI-30x

CPD-62.111 (7/03)

CL# 1051475

Attachment# 30

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CPD 0028017

SWORN ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT  
CHICAGO POLICE DEPARTMENT / PERSONNEL DIVISION

TO: COMMANDER OF POLICE PERSONNEL

FROM: NAME: JOSE Lopez

TITLE: [REDACTED]

EMPLOYEE NUMBER: [REDACTED]

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOGIN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: [Signature]

DATE: 02 AUG 2004

WITNESS SIGNATURE: [Signature]

DATE: 02 AUG 04

1-31X

CPD-62.111 (7/03)

CL# 1051475

Attachment# 36

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City of Chicago  
Employee Change of Address Form

Department CPD Bureau OPERATIONAL SERVICES

Name LOPEZ, Jose

Position title Police Officer

Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code [REDACTED]

New Address [REDACTED] Zip Code [REDACTED]

Effective Date 01 May 00

New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed [Signature]

Date 01 MAY 00 KI-32

Complete and sign two copies.  
First copy to departmental file.  
Second copy to Department of Personnel.

(see reverse side)

CLP 1051475  
Attach # 76

PER - 72 (Rev. 1/84)

20



STATE OF ILLINOIS  
County Of Cook  
CITY OF CHICAGO

Star No. 18 969

I, 1052 LOPEZ having been appointed to the

Name (print)

office of CHICAGO POLICE OFFICER

CPD # 1052  
Attachment # 70  
Page 6 of 20

do solemnly swear that I will support the Constitution of the United States, and the Constitution of the State of Illinois, and that I will faithfully discharge the duties of the office of such, according to the best of my ability.

Signature [Signature]

Witnessed by: \_\_\_\_\_ Address (print) [Redacted]

Det. Thomas P. Smith Date 18 July 95 EL-33

**PERSONAL HISTORY QUESTIONNAIRE-  
BACKGROUND INVESTIGATION  
CHICAGO POLICE DEPARTMENT**

1. POSITION APPLIED FOR

☒ POLICE OFFICER

EXAMINATION

NO. 87056

OTHER - SPECIFY ☐

2. DATE

SEPT. 20, 1991

3. NAME (LAST - FIRST - M.I.)

LOPEZ, JOSE L.

4. MAIDEN NAME (if appl.)

5. HOME PHONE

6. BUSINESS PHONE

7. HOME ADDRESS (STREET NO. & NAME)

(APT. NO.) (COUNTY)

(CITY & STATE, ZIP CODE)

8. SOCIAL SECURITY NO.

**INSTRUCTIONS**

**IT IS IMPORTANT TO READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS QUESTIONNAIRE.**

You must be complete and truthful in all your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers may subject you to rejection as a candidate. All information will be considered strictly confidential and will not be disclosed to any unauthorized person.

In this questionnaire, a number of items ask for simple "yes" and "no" answers and do not require any explanation. However, if you wish to explain your answers, use the continuation section. Before each explanation write the reference number of the item. Use this section in the same manner, if your answers need more space than provided.

Do not leave any question blank. If a question does not apply to you, write "NA" (abbreviation for "Not Applicable"). Your answer must be legible.

**BACKGROUND INVESTIGATION  
RIGHT TO APPEAL**

If the Chicago Police Department finds you to be "not qualified" based on the background investigation, this finding will be forwarded to the City of Chicago Department of Personnel.

After the Department of Personnel receives the finding that you are to be "not qualified" based on the background investigation, the Department of Personnel will send to you by mail a form that asks whether you desire a hearing. If you wish a hearing, you must submit your request, in writing, to the Department of Personnel. If the Department of Personnel does not receive your request within ten days, no hearing will be held and the Chicago Police Department recommendation that you are "not qualified" will be accepted by the Department of Personnel, City of Chicago.

If you desire a hearing, you may be represented by counsel at such hearing. This hearing will be conducted in accordance with the Rules of the Department of Personnel.

I understand that all of the appeal procedures for the background investigation are available to all candidates and that additional opportunities will be made available to provide clarification of the items on the questionnaire.

I have read and I understand all of the above instructions applying to this (police officer) questionnaire.

9. SIGNATURE

*Jose Lopez*

DATE

1051475

SEPT. 20, 1991

Attachment # 36

CPD-62.152 (REV. 1/89)

*2434*

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43. HAVE YOU EVER PREVIOUSLY SUBMITTED AN APPLICATION TO ANY OTHER LAW ENFORCEMENT AGENCY INCLUDING ANY OTHER POLICE DEPARTMENT?

POSITION

NAME & ADDRESS OF AGENCY

DATE

SEPT. 1991

44. HAVE YOU EVER BEEN A LAW ENFORCEMENT OFFICER OR HELD A SIMILAR POSITION?

POSITION

NAME & ADDRESS OF AGENCY

DATE - FROM TO

45. Have you ever been convicted of driving while under the influence of alcohol or drugs, or reckless driving? Has your Drivers License ever been suspended or revoked? If Yes, explain.

46. I hereby certify that there are no willful misrepresentations, omissions, or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

SIGNATURE IN FULL

DATE

SEPT. 20, 1991

W-35  
K

CL# 1051475

Attachment# 76

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CHICAGO POLICE DEPARTMENT  
EVIDENCE

RD. NO.                      DATE 17 OCT 2013

INVENTORY NO.                      ME NO.                     

TYPE OF OFFENSE                     

CASE NAME CR 1051475

ADDRESS OF SCENE/SERVICE                     

District of Occurrence                      Beat No.                     

Detective(s) KENNY Area B.I.A.

Sgt. C. Blum #906

CONTENTS

HANDWRITING SAMPLES

RECOVERED FROM SGT. JOSE LOPEZ

RECOVERED BY DET. SHAWN KENNY

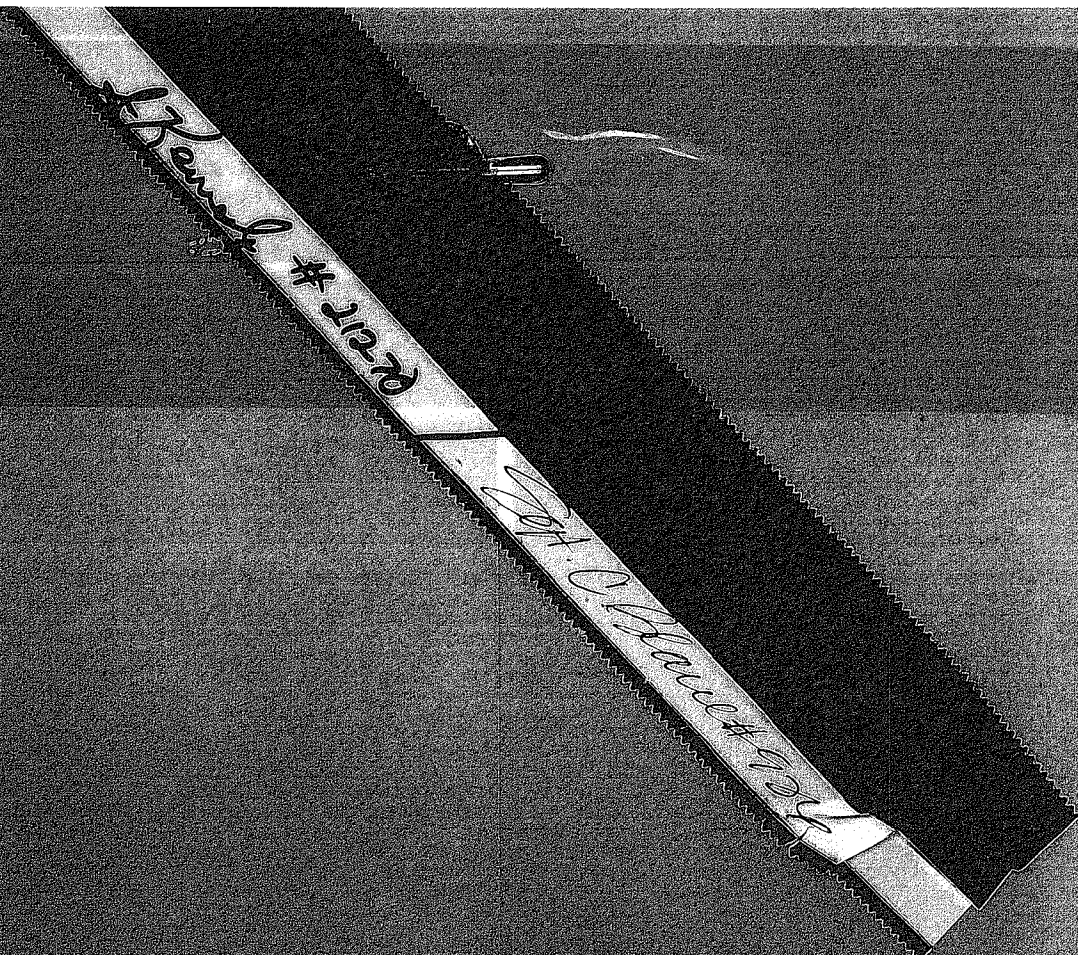
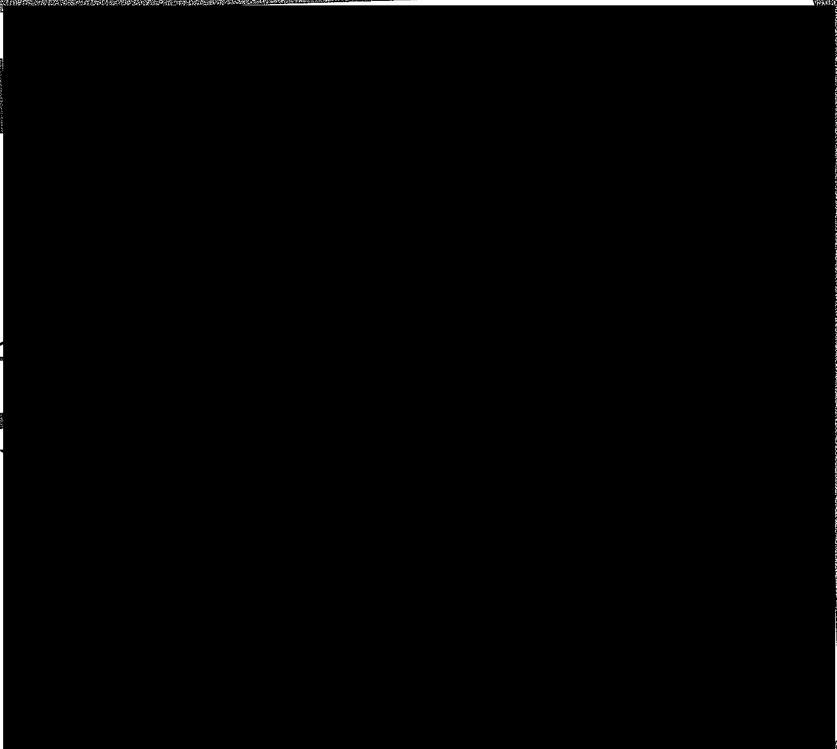
CPD 33.310 - A (3/97)





CHICAGO POLICE DEPARTMENT

Evidence and Recovered Property



1051475

Assignment # 76

120/50